									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003									10 700 (0)				
								110-785-621					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY.					
TOTAL CLAIMS			13.					RATE	FEE	] .	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			13 minus 20=		. 0			XS 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		• 0			X43=		OR	X86=		
MU	LTIPLE DEPE	NDENT CLAIM P	RESENT					+145±		OR	.+290=	- (	
• If	the difference	in column 1 is	less than zero, enter "O" in column 2					TOTAL	<del> </del>	OR	TOTAL	770	
	C	LAIMS AS A	MENDE		-		OTHER	THAN					
Ŀ	23-06	(Column-1)	·····	(Colun	nn 2)	(Column 3)		SMALI	ENTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	- 18	Minus	- 20	<b>}</b>	• /		· X\$ 9=		OR	X\$18=		
	Independent	• 7	Minus	3		1		X43=		OR	X86=	•	
	FIRST PRESE	NTATION OF MU	JUTIPLE DE	PENDENT	CLAIM		١	+145=		OR	+290=		
								TOTA	- 4		TOTAL ADDIT, FEE		
5-//-0G (Column 1) (Column 2) (Column 3)									: <b></b>		AUUTI. PEE		
٦	·	CLAIMS		HIGH	ST		Г		ADDI-	1		ADDI-	
8 E		REMAINING AFTER AMENOMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
AMENDMENT	Total	• 18	Minus	- 2	0	•	M	X\$ 9=		ОЯ	X\$18=		
	Independent	NTATION OF MU	Minus	ENDENT	3	•		X43=		OR	X86=	•	
	ring) Phese	WIATION OF BIO	Clirte Der	ENDENT		<u> -</u>	۱ [	+145=		OR	+290=	•	
				•				TOTAL		QR	YOTAL ADDIT, FEE		
•		(Gatumn 1)		(Colum	n:2)	(Column 3)		•	••	. '			
., [	•	•	HIGHE			Г		ADDI-	1		ADDI-		
AMENDMENT C	:	REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA			TIONAL FEE		RATE	TIONAL	
	Total	•	Minus	**		*	F	X\$ 9=		OR	X\$18=		
	اب ب	•	Minus	***		9	l	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ			OR			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	•	
- 11	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADD  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  ADD									OR	TOTAL VDDIT, FEE		
T	the Tilghest Num he Tilghest Numi	nber Previously Paid ber Previously Paid	ld For IN THIS For (Total or	S SPACE is Independer	less that ti) is the	n 3. enter "3." highest number			propriate ba		•	•	